

think everybody agrees there are lots of problems. The question is, What is the right solution? So we can all agree there are problems, but let's don't suggest that unless you agree with my solution or your solution, somehow or other we don't appreciate that there are problems.

We are frustrated and a lot of Americans are frustrated because they may work for a small business or they are unemployed and therefore they don't have insurance. It is not easy to take your insurance with you. It is hard to find quality, low-cost health care. This has to be a big priority for a lot of Americans. We all understand that.

Health care needs to be portable. It needs to be accessible. It needs to be affordable. I think all Americans want it to be quality care as well. The question is, How do you accomplish these goals?

One of the problems is, what if you have insurance and you like it? The President says, in that case you get to keep it. The problem is, under the bill that is being discussed in the Finance Committee, you do not get to keep it. If you are an employee of a small business, for example, or you are an individual with your own insurance, when your insurance contract runs out—and those contracts are usually 1 year, 2 years, sometimes as long as 3 years; let's say it is 2 years, and you are through the first year of it—the bottom line is, even though you may like it, at the end of next year when the contract runs out, you don't get to keep it.

Under the bill being discussed there is a new regime of regulation for the insurance companies about who they have to cover, how they cover them, what they can charge, and a whole variety of other regulations that mean that the policy you used to have, that you liked, does not exist anymore.

It may be you will be able to find coverage that you like, but it is simply untrue to say that one of the mainstays of the legislation being proposed is that if you like your current plan, you get to keep it. When your current plan expires, it expires, and you don't get to keep it because it cannot be renewed in its current form. That is point No. 1.

Point No. 2. We just had a discussion about government-run insurance. I find it interesting that some on the other side like to call this a public option, as if the public somehow or other is operating its own insurance company. Let's be clear about who would operate this insurance company. It is the U.S. Government. It is not the public; it is the U.S. Government. That is why Senator MCCONNELL has referred to it properly as government-run insurance.

The Senator from New York just got through saying: Who else is going to provide a check on the private insurance companies to make sure they do things right? The President himself has spoken about the need for a government-run plan to keep the other insurance companies "honest."

Insurance is one of the most highly regulated enterprises in the United States. Every State in fact regulates health insurance. This is an area that not only has some Federal regulation, but every State regulates health insurance. In fact, one of the reasons you cannot buy a health insurance policy from the State you do not live in—you can't go across State lines and buy a policy in another State—is because we are so jealous of the State regulation of insurance. So to the question of my friend from New York, who is going to provide a check, the answer is, your State. If you do not trust your State to properly regulate health insurance, then I don't know where we are. But you are not going to provide better regulation by commissioning a government insurance company to exist and compete right alongside the private insurance companies. How does that provide a check on the private insurance companies?

It is not as if there are not enough private insurance companies or they are not providing enough different kinds of plans, so that can't be the problem. It is not a matter of a lack of competition in most places. If the question is, who is going to regulate, the answer is, the State is going to regulate. To the extent it does not, the Federal Government is going to regulate. That is why, A, it should not be called a public option if what they are talking about is creating a government-run health insurance company, which is exactly what is being proposed in the only legislation put out there so far, the so-called Kennedy legislation in the HELP Committee. That is precisely what he proposes. Republicans say: No, thank you. We are not for that.

My final point is that the assistant majority leader said there are lots of other government-run plans, and we are not afraid of them. He mentioned Medicare and the Veterans' Administration. First of all, these are not government insurance companies, these are government-run programs. But, second, the President himself said, and everybody I know of who has studied the issue agrees, Medicare is in deep trouble. The President has said its commitments are unsustainable, meaning we cannot keep the promises we have made in Medicare to future generations because it is far too expensive. We have to find a way to get those expenses under control.

How is adding another 15, 20 or 30 million Americans to an existing program that is not sustainable going to make it any better?

My colleague talked about waiting lines. It may well be true we can find an example or two of people who have to wait in line in the United States. That is something we should not permit in the United States. We know that is what exists in other countries, and I will get to that in just a moment. Why does that justify having an expansion of a government program? If we

have a government program which causes waiting lines today, does it solve the problem by adding a whole lot more people to the rolls?

What is likely to happen? The waiting lines are going to get longer because more people are going to have to be waiting for care. Is that what we want in the United States of America? I submit not. So far from being a justification for a government-run program, I believe that argues for not having a government-run program, or at least not expanding the government programs we already have. A government takeover is not the answer. No country, even the United States, the most prosperous country on Earth, has unlimited resources to spend on health care.

That brings up the third problem, which is the rationing, the inevitable delay in getting treatment or tests and frequently the denial of care that results from that. When a government takes over health care, as it has, for example, in Britain and Canada and many places in Europe and other places, care inevitably is rationed. We all have heard the stories.

One of the most direct ways we can ration care is one that the White House has already embraced, and it is part of the Kennedy bill that I spoke of earlier.

The White House has said comparative effectiveness research, which would study clinical evidence to decide what works best, will help them eliminate wasteful treatments. Wasteful to whom? A recent National Institutes of Health project has a description of part of their plan that states, and I will quote:

Cost-effectiveness research will provide active and objective information to guide future policies that support the allocation of health resources for the treatment of acute and chronic conditions.

Allocation of health resources is a euphemism for rationing. Allocation means to allocate, and inevitably there will be denial based upon those things which are deemed to be too costly.

As discussions about health care reform have dominated the news recently, stories have trickled out from individuals living in countries that ration care whose medical treatment has been delayed or denied due to rationing, and we are beginning to hear some of those stories. One that I came across was reported in the Wall Street Journal.

It was the story of one Shona Holmes of Ontario, Canada. When Miss Holmes began losing her vision and experiencing headaches, panic attacks, extreme fatigue, and other symptoms, she went to the doctor. An MRI scan revealed a brain tumor, but she was told she would have to wait months to see a specialist.

Think about this. She goes home and tells her family: The MRI said I have a brain tumor. I have all of these symptoms, including losing vision and the rest of it. But I have to wait months to